

MIED ProSe 14 (Rev 5/16) Complaint for Violation of Civil Rights (Prisoner Complaint)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

ROSS MACLIN # 148084

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

SCOTT HOLMES

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case:2:18-cv-11144

Judge: Goldsmith, Mark A.

MJ: Grand, David R.

Filed: 04-10-2018 At 04:45 PM

PR MACLIN V. HOLMES (NA)

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

	ROSS MACLIN
Name	_____
All other names by which you have been known:	Rossi Maclin Leonard Davis

ID Number	148084
Current Institution	CARSON CITY CORRECTIONAL FACILITY
Address	10274 Boyer Road
	Carson City, Michigan 48811

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	Scott Holmes
Name	_____
Job or Title (if known)	Medical Doctor
Shield Number	_____
Employer	Corizon Prison Medical Services
Address	10274 Boyer Road Carson City Facility
	Carson City, Michigan 48811

☒ Individual capacity

☒ Official capacity

Defendant No. 2

Name _____
Job or Title _____
(if known) _____
Shield Number _____
Employer _____
Address _____

☐ Individual capacity ☐ Official capacity

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Shield Number _____
Employer _____
Address _____

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Shield Number _____
Employer _____
Address _____

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Violation of 1st Amendment Rights Constitutional Rights

Violation of my 8th Amendment Rights To Be Free From Cruel And Unusual Punishment For Filing Complaints

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendant Michigan Department of Corrections Medical Doctor (Medical Contractor For Michigan Prisons) was contracted to provide medical treatment to Plaintiff and that he acted under color of State law when he deprived and refused to treat Plaintiff in retaliation of Plaintiff filing of grievance against him. As a result of no treatment, Plaintiff endured cruel and unusual punishment by Dr. Holmes actions under color or state law.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Carson City Correctional Facility October 19, 2017

10274 Boyer Road, Carson City, Mich 48811

- C. What date and approximate time did the events giving rise to your claim(s) occur?

- D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

Several years Plaintiff was diagnosed with vertigo and suspected Mieners Disease. For over the past 4 years Plaintiff was receiving Antivert to combat his severe vertigo condition. Plaintiff filed a formal complaint and medical complaint against Dr. Holmes for failure to treat Plaintiff. On 10-19-17 during an interview with Dr. Holmes Plaintiff asked Dr. Holmes why did he take away his Antivert medication. Dr. Holmes responded: "You just don't get it do you. I know about the medical kites and complaints you sent to my supervisor and the Warden saying I'm causing your pain and suffering. I see you didn't learn your lesson when N.P. Wilson cut your meds. I read your chart." I then asked Dr. Holmes what's that got to do with you cutting my meds. Dr. Holmes responded: "You really are deaf. Did you hear a word I said; let me make this clear to you. You file grievances ~~against~~, lawsuits or complaints against me or my colleagues at Corizon, you don't get nothing. I'm not Dr. Kilaru. As long as I'm the doctor here, for filing those complaints and medical kites against me I'm taking your Antivert for good. Now sue me you snitch. Prisoner Brown overheard Dr. Holmes call me a snitch.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I sustained extreme Vertigo, Dizziness, head and ear aches and sleeplessness based upon Dr. Holmes refusing to renew my Antivert medication in retaliation of me filing complaints to the warden and his supervisor. I also suffered these conditions because Dr. Holmes refused to send me to a ear specialist for possible Mieners disease.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Award Plaintiff \$150,000 for Dr. Holmes Retaliation against Plaintiff for filing a complaint against him to the prison warden and filing a medical complaints to his supervisor.

Award Plaintiff \$ 150,000 for Dr. Holmes intentional infliction of pain and suffering against Plaintiff for filing grievances and complaints.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Carson City Correctional Facility, 10274 Boyer Road
Carson City, Michigan 48811

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes
☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Carson City Correctional Facility,
10274 Boyer Road, Carson City, Mich

2. What did you claim in your grievance?

Dr. Holmes denied me medical treatment and refused to treat because I filed complaint to the warden and his medical supervisor.

3. What was the result, if any?

The circumvented and ignored my claims and allowed me to suffer while they coverup Dr. Holmes misconduct.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

I filed Step I, Step II & Step III Grievances. Completed Grievance Process.

See Attached Grievances Exhaustion Step I thru III
Grievance I.D. # DRF 17 / 10 / 2794 that matches all three
Grievance Steps.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition.

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

SEE ALSO ATTACHMENTS EXHIBITS

☐ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Ross Maclin

Plaintiff(s)

Defendant(s) Kelly Holden & Richard Cady

2. Court *(if federal court, name the district; if state court, name the county and State)*

Federal Court Eastern District of Michigan
Detroit, Wayne County

3. Docket or index number

4:12-cv-12480

4. Name of Judge assigned to your case

Gershwin Drain

5. Approximate date of filing lawsuit

June 2012

6. Is the case still pending?

☐

Yes

☒

No

If no, give the approximate date of disposition. October 2015

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Jury Verdict In Favor of Defendants**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 2, 2018.

Signature of Plaintiff

Ross MacLin

Printed Name of Plaintiff

ROSS MACLIN

Prison Identification #

148084

Prison Address

10274 Boyer RoadCARSON City

City

Michigan

State

48811

Zip Code

Additional Information:

Previous Law Suits

Maclin v Wilson, Case No. 2:15-cv-00076 Honorable Robert H. Bell,
Transferred To Honorable Gordon Quist, Filed In 2015. Pending
Disposition: Settlement Agreement Discussions For Final Completion.

Attached Exhibits

- A. Exhaustion of Step I grievance And Response
- B. Exhaustion of Step II Grievance Appeal And Response.
- C. Exhaustion of Step III Grievance Appeal And Response.

Attached Petition For Forma Pauperis Status

Prisoner Six Month Account Balance Statement

EXHIBIT A

4835-4247 10/94
CSJ-247AIN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORMDate Received at Step I 10/23/17 Grievance Identifier: DRF 17101 12794 1120

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Maclin, R.	148084	DRF	800-9-B	10-19-17	10-19-17

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 10-19-17
If none, explain why.

On 10-19-17 I advised Dr. Holmes I was filing a grievance against him for denial of medical treatment and retaliation, and asked if we could discuss this matter or resolve it. Dr. Holmes responded "I don't negotiate with prisoners."

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Retaliation by Dr. Holmes. On 10-19-17, during a medical interview with Dr. Holmes, I asked him why did he take away my Antivert medication I needed for Vertigo and Dizzy spells without even examining me or sending me to an expert. Dr. Holmes responded: "you just don't get it do you. I know about the medical kites and complaints you sent to my supervisor and the warden saying I'm causing you pain & suffering. I see you didn't learn your lesson when N.P. Wilson cut your meds. I read your chart." I asked him what's that got to do with you taking my medication. Dr. Holmes stated: "You really are deaf. Did you hear a word I said; let me make this clear to you. You file grievances, lawsuits or complaints against me or my colleagues at Corizon, you don't get nothing. I'm not Dr. Kilury. As long as I'm the doctor here, for filing those complaints and medical kites against me I'm taking your Antivert for good. Now sue me you snitch." I have a witness who over heard Dr. Holmes' retaliatory threats. Dr. Holmes then ordered me to leave his office and I complied and left. There were other prisoners who heard him call me a snitch.

Ross Maclin 148084

Grievant's Signature

RESPONSE (Grievant Interviewed?) ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

See attached.

K. Stevens

Respondent's Signature

K. Stevens

Respondent's Name (Print)

11/13/17

RWB

Working Title

[Signature]

Reviewer's Signature

LAMBANT, ROSS

Reviewer's Name (Print)

11/14/17

Date

HVM

Working Title

Date Returned to
Grievant:

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

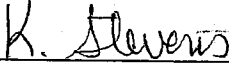
Step I Grievance Response

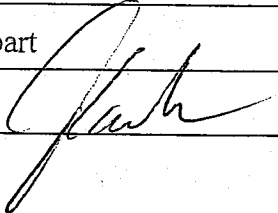
Page 1

Grievant Number: 148084
Grievant Name: Maclin
Grievance Number: DRF1710279412D

WAS GRIEVANT INTERVIEWED? YES (date and time): 11/9/17 0915

SUMMARY OF COMPLAINT: The grievant complains the Medical Provider (MP) spoke inappropriately during his appointment on 10/19/17 and alleges the MP is withholding medication from him in retaliation.
INVESTIGATION INFORMATION: Electronic Medical Record (EMR)
APPLICABLE POLICY/PROCEDURE: PD 03.04.100 Health Services
SUMMARY: The grievant, the MP, and staff present in the clinic on 10/19/17 were interviewed and the EMR was reviewed. The EMR shows the grievant was evaluated by the MP on 10/19/17 due to the grievant's request to be reevaluated for use of Antivert. The MP upheld his previous decision from the visit of 9/28/17 and again found no medical indication to renew the Antivert. The MP states he did not say any of the inappropriate things the grievant alleges and states his medical decision is not retaliatory based. Staff present on 10/19/17 state they did not hear any such comments or any inappropriate comments. During the interview with the grievant, he could not provide any name of any witness to support his allegations. Upon review of above, it is found that the grievant was appropriately evaluated and no evidence to support the grievant's allegations are found. The grievant is encouraged to re-access health care as needed.

RESPONDENT NAME: K. Stevens	TITLE: RN-13
RESPONDENT SIGNATURE: 	DATE: 11/13/17

REVIEWER NAME: T. Lambart	TITLE: HUM
REVIEWER SIGNATURE: 	DATE: 11/14/17

Step II Grievance Appeal Response

Grievance Number: DRF 2017 10 2794 12D
Prisoner Name: Maclin, Ross
Prisoner Number: 148084

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: The Grievant complains the Medical Provider (MP) spoke inappropriately during his appointment on 10/19/17 and alleges the MP is withholding medication from him to retaliation. Date of incident 10/19/17.

SUMMARY OF STEP I RESPONSE: The Grievant, the MP, and staff present in the clinic on 10/19/17 were interviewed and the Electronic Health Records (EHR) was reviewed. The EHR shows the Grievant was evaluated by the MP on 10/19/17 due to the Grievant's request to be reevaluated for use of Antivert. The MP upheld his previous decision from the visit of 9/28/17 and again found no medical indication to renew the Antivert. The MP states he did not say any of the inappropriate things the Grievant alleges and states his medical decision is not retaliatory based. Staff present on 10/19/17 state they did not hear any such comments or any inappropriate comments. During the interview with the Grievant, he could not provide any name of any witness to support his allegations. Upon review of above, it is found that the grievant was appropriately evaluated and no evidence to support the Grievant's allegations are found. Date of response 11/13/17.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges I raise the same facts and claims raised in Step I. Retaliation, denial of medical treatment in retaliation by Dr. Holmes. Step I respondent also alleged witnesses were witnessed present but does not identify them. I request the video camera to show that only I and Dr. Holmes were present in the exam room and my witness was in the hall ways. Date of incident 10/19/17.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal and review of the Electronic Health Record (EHR), including any additional information needed was obtained as necessary to complete the response. Video is not retrieved at prisoner's request. Antivert was ordered and the order is current.

Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Services
- OP 03.04.100C, Pharmacy Services and Medication Management

Grievance Denied; Grievant's allegations are not substantiated by the evidence. Review of the evidence supports the Grievant's health care needs are being appropriately assessed, monitored and addressed as determined medically indicated.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: <i>Subrina Aiken, RN</i>	DATE: 12/7/17

SHIP'D NOV 20

8-09

EXHIBIT B

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

CSJ-247B

PRISONER/PAROLEE GRIEVANCE APPEAL FORMDate Received by Grievance Coordinator
at Step II: 11-27-17

Grievance Identifier:

DRF 17110 2794 12D**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____

GC Office by 12-06-17. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Ross MacLin</u>	<u>148084</u>	<u>DRF</u>	<u>800-9-B</u>	<u>10-19-17</u>	<u>11-26-17</u>

STEP II — Reason for Appeal

I RAISE THE SAME FACTS AND CLAIMS RAISED IN STEP I. RETALIATION, DENIAL OF MEDICAL TREATMENT IN RETALIATION BY DR. HOLMES. STEP I RESPONDENT ALSO ALLEGED WITNESSES WERE WITNESSED PRESENT BUT DOES NOT IDENTIFY THEM. I REQUEST THE VIDEO CAMERA TO SHOW THAT ONLY I AND DR. HOLMES WERE PRESENT IN THE EXAM ROOM AND MY WITNESS WAS IN THE HALLWAYS.

MacLin**STEP II — Response**Date Received by
Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to
Grievant:**STEP III — Reason for Appeal**

I RAISE THE SAME CLAIMS STATED IN STEP I-II GRIEVANCE DENIAL MEDICAL TREATMENT RETALIATION BY DR. HOLMES. RESPOND PROVIDED A RESPONSE SEE ATTACHED STEP I & II RESPONSE BUT THEY NEVER SIGNED STEP II GRIEVANCE FORMS. 12-12-17 MacLin

NOTE: Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant

Ross Mackin #17881
CARSON City Correctional Facility
10274 Boyer Road
CARSON City, Michigan
48811



4/11/18



US MAIL

Clark of the Court
Federal District Court
District of Michigan
231 West Congress Blvd
Detroit, MI 48226

CIVIL COVER SHEET FOR PRISONER CASES

Case No. <u>18-11144</u>		Judge: <u>Mark A. Goldsmith</u>		Magistrate Judge: <u>David R. Grand</u>	
Name of 1st Listed Plaintiff/Petitioner: ROSS MACLIN			Name of 1st Listed Defendant/Respondent: SCOTT HOLMES		
Inmate Number: 184084			Additional Information:		
Plaintiff/Petitioner's Attorney and Address Information:					
Correctional Facility: Carson City Correctional Facility 10522 Boyer Road Carson City, MI 48811 MONTCALM COUNTY					

BASIS OF JURISDICTION

- ☐ 2 U.S. Government Defendant
☒ 3 Federal Question

ORIGIN

- ☒ 1 Original Proceeding
☐ 5 Transferred from Another District Court
☐ Other:

NATURE OF SUIT

- ☐ 530 Habeas Corpus
☐ 540 Mandamus
☒ 550 Civil Rights
☐ 555 Prison Conditions

FEE STATUS

- ☒ IFP *In Forma Pauperis*
☐ PD Paid

PURSUANT TO LOCAL RULE 83.11**1. Is this a case that has been previously dismissed?**

- ☐ Yes ☒ No

> If yes, give the following information:

Court: _____

Case No: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

- ☐ Yes ☒ No

> If yes, give the following information:

Court: _____

Case No: _____

Judge: _____